

# APAAC ANNUAL VICTIM ADVOCATE CONFERENCE

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## OVERVIEW OF WORKING WITH VICTIMS OF STRANGULATION

Presented by:

**ANGELA ROSE**

Chair

Arizona Victim Assistance Academy

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ARIZONA PROSECUTING ATTORNEYS' ADVISORY COUNCIL  
1951 West Camelback Road, Suite 202  
Phoenix, Arizona 85015

ELIZABETH BURTON ORTIZ  
EXECUTIVE DIRECTOR

[illegible]

- **Face-** red or flushed, pinpoint red spots (petichiae), scratch marks
- **Eyes and eyelids-** petichiae to the left or right eyeball, blood shot eyes
- **Nose** – bloody nose, broken nose, petichiae
- **Finger tips-** bruises are circular and oval and often faint
- **Ear-** petichiae (external and/or ear canal), bleeding from ear canal
- **Mouth-** bruising, swollen tongue, swollen lips, cuts/ abrasions
- **Under the chin-** redness, scratch marks, bruise(s), abrasions
- **Chest-** redness, scratch marks, bruise(s), abrasions
- **Shoulders-** redness, scratch marks, bruise(s), abrasions
- **Neck-** redness, scratch marks, finger nail impressions, bruise(s), swelling, ligature mark
- **Head-** petichiae (on the scalp)
  - **Ancillary Findings-** hair pulled, bump(s), skull fracture, concussion

- **Voice changes**
  - Raspy voice
  - Hoarse voice
  - Coughing
  - Unable to speak
  - Complete loss of voice
- **Swallowing changes**
  - Trouble swallowing
  - Painful to swallow
  - Neck pain
  - Nausea/ Vomiting
  - Drooling
- **Breathing Changes**
  - Difficulty breathing
  - Hyperventilation
  - Unable to breathe
- **Behavioral changes**
  - Restlessness or combativeness
  - Problems concentrating, amnesia
  - Agitation
  - Post-traumatic Stress Syndrome
  - Hallucinations
- **Involuntary urination or defecation**
- **Coughing / vomiting**
- **Loss of consciousness/ fainting**
- **Dizziness/ headaches**

***Family Justice Center Legal Network***



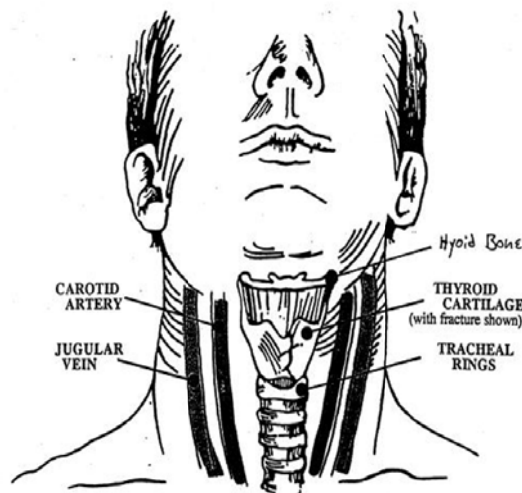
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707 Broadway  
Suite 200  
San Diego, CA 92101  
[www.sandiegofjc.org](http://www.sandiegofjc.org)

Tel: 619-533-6042

Strangulation has only recently been identified as one of the most lethal forms of domestic violence: **unconsciousness may occur within seconds and death within minutes.** When domestic violence perpetrators choke (strangle) their victims, not only is this a felonious assault, but it may be an attempted homicide. Strangulation is an *ultimate form of power and control*, where the batterer can demonstrate control over the victim's next breath; having devastating psychological effects or a potentially fatal outcome.

Sober and conscious victims of strangulation will first feel terror and severe pain. *If strangulation persists, unconsciousness will follow.* Before lapsing into unconsciousness, a strangulation victim will usually resist violently, often producing injuries of their own neck in an effort to claw off the assailant, and frequently also producing injury on the face or hands to their assailant. These defensive injuries may not be present if the victim is physically or chemically restrained before the assault.



### Losing Consciousness

Victims may lose consciousness by any one or all of the following methods: blocking of the carotid arteries in the neck (depriving the brain of oxygen), blocking of the jugular veins (preventing deoxygenated blood from exiting the brain), and closing off the airway, making breathing impossible.

Very little pressure on both the carotid arteries and/or veins for ten seconds is necessary to cause unconsciousness. However, if the pressure is immediately released, consciousness will be regained within ten seconds. To completely close off the trachea (windpipe), three times as much pressure (33 lbs.) is required. Brain death will occur in 4 to 5 minutes, if strangulation persists.

### Observing Changes

*Observation of the changes in these signs over time can greatly facilitate determination of the nature and scope of internal damage produced*

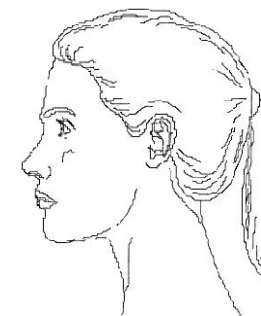
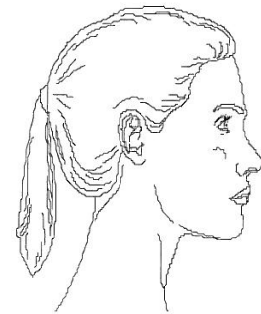
*during the assault, and lend credibility to witness accounts of the force and duration of the assault.*

Documentation by photographs sequentially for a period of days after the assault is very helpful in establishing a journal of physical evidence.

Victims should also seek medical attention if they experience difficulty breathing, speaking, swallowing or experience nausea, vomiting, light headedness, headache, involuntary urination and/or defecation.

Although most victims may *suffer no visible injuries* whatsoever and many fully recover from being strangled, *all victims, especially pregnant victims, should be encouraged to seek immediate medical attention.* A medical evaluation may be crucial in detecting internal injuries and saving a life.

**Use face and neck diagrams to mark visible injuries:**



## Strangulation Questions

Ask the victim to describe how they were strangled. Was it one or two hands, forearm, object, etc.

What did the suspect say before, during and after they strangled the victim?

Was the victim shaken simultaneously while being strangled?

Was the victim thrown or held against the wall, floor, or ground? Describe how and the results? Describe the surface area.

How long did the suspect strangle the victim?

How many times was the victim strangled? Describe each incident and method.

How much pressure was used? Describe it on scale of 1-10 and was it continuous?

What was the victim thinking when they were being strangled?

What caused the suspect to stop?

Any difficulty breathing during the assault or now?

Describe any voice changes.

Any complaint of pain to the throat?

Any coughing or trouble swallowing?

How did the victim feel during the assault? (dizzy, nauseous, loss of consciousness)

How does the victim feel now?

Did the victim experience any visual changes during the strangling?

Did the victim vomit, urinate or defecate as a result of being strangled?

Was the suspect wearing any rings or other jewelry? Look for marks from these objects.

Did the victim do anything to try and stop the assault? Will the suspect have injuries?

Look for injuries behind the ears, all around the neck, under the chin and jaw, eyelids, shoulders and chest area.

Ask the victim to look in a mirror and point out injury sites including petechiae

Are there prior incidents of strangulation?

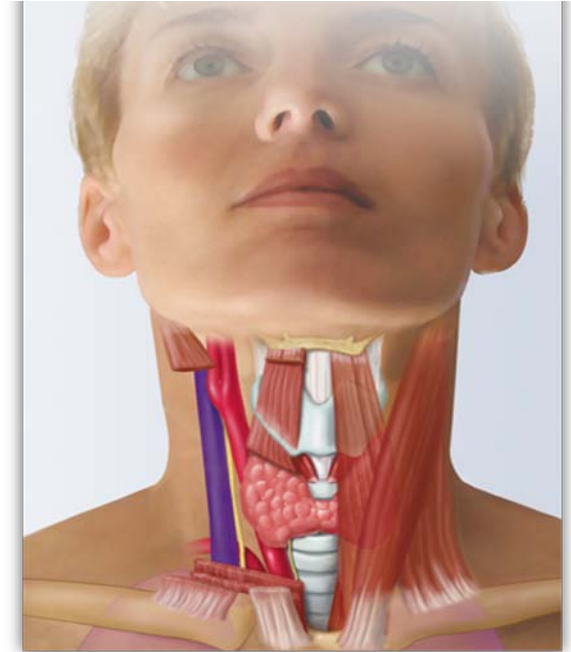
Any visible injury? Photograph injuries and the entire area. Photograph the lack of injury and any areas the victim feels pain

Any object used? Document where it came from. Photograph and book the item as evidence.

**Encourage medical treatment**  
*Information provided courtesy of  
Dr. George McClane and  
Gael Strack JD*

# Strangulation

## *A Quick Reference Guide*



Strangulation is a form of asphyxia (lack of oxygen) characterized by closure of the blood vessels and or air passages of the neck as a result of external pressure on the neck. Based on the mechanism of attack and the victim's signs and symptoms, charge more than a PC 243(e) (1). Absence of a visible injury is common. Consider:

- PC 273.5(a)
- PC 245(a)(1)
- PC 664 / 187

## Symptoms

- **Voice changes**
- **Complete loss of voice**
- **Difficulty swallowing**
- **Difficulty breathing**
- **Raspy breathing**
- **Pain or tenderness on touch or movement**
- **Mental status changes**
  - Restlessness or combativeness
  - Psychosis, amnesia
- **Involuntary urination or defecation**
- **Coughing / vomiting**
- **Vision changes**
- **Loss of consciousness**

## Signs

- **Redness of the neck**- may be fleeting
- **Scratch marks**-victim or suspects
- **Bruises** - may not appear for some time
- **Finger tip bruises** are circular and oval and often faint.
- **Tiny red spots** (petechiae) -ruptured capillaries. Found anywhere above the area of constriction. (Jugular restriction)
- **Blood red eyes** are due to capillary rupture in the white portion of the eyes. May suggest a vigorous struggle or intermittent pressure.
- **Swelling of the neck** may be caused by any one or combination of the following: internal bleeding, or an injury of any of the underlying neck structures.

Stages of Strangulation	
Disbelief	Victim cannot believe they are being strangled. Very short in duration.
Primal	Victim fights with whatever means to stop the strangling. <i>Ask the victim what they did to get away or stop the attack. This may explain injuries.</i>
Resignation	Victim gives up, feeling they can do nothing and go limp. <i>Ask the victim what they were thinking about. What did they think was going to happen?</i>

### Indicators of Loss of Consciousness (LOC):

- Loss of memory
- Standing, then waking up on the floor
- Unexplained bump on the head
- Bowel or bladder incontinence
- A witness to the LOC.

### Victims who decline Medical Care

- Discuss the warning signs
- Advise victim to log symptoms
- Encourage victim to seek medical attention if symptoms persist
- Next 24-48 hours could be critical

## **2012 Change**

PC 273.5(c) includes an injury as a result of strangulation or suffocation as a traumatic condition whether of a minor or serious nature, caused by a physical force. For purposes of this section “strangulation” and “suffocation” include impeding the normal breathing or circulation of the blood

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### ***The arrest section is still PC 273.5(a)***

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### Follow-up Questions

- Tell me how you feel now
- Have any new injuries appeared?
- Do you feel pain anywhere-Describe
- Does your voice sound the same?
- When you eat does it feel any different? Describe
- When you swallow does it feel different? Describe
- What is different now than before the assault? Describe
- Have you heard from the suspect?
- Please tell me what you remember about the assault. (Going for more details)
- How can I get in touch with you if you change your phone or address?
- Is there anything you want to talk about that we have not discussed?

# SIGNS AND SYMPTOMS OF STRANGULATION

## NEUROLOGICAL

- Loss of memory
- Loss of consciousness
- Behavioral changes
- Loss of sensation
- Extremity weakness
- Difficulty speaking
- Fainting
- Urination
- Defecation
- Vomiting
- Dizziness
- Headaches

## SCALP

- Petechiae
- Bald spots (*from hair being pulled*)
- Bump to the head (*from blunt force trauma or falling to the ground*)

## EYES & EYELIDS

- Petechiae to eyeball
- Petechiae to eyelid
- Bloody red eyeball(s)
- Vision changes
- Droopy eyelid

## EARS

- Ringing in ears
- Petechiae on earlobe(s)
- Bruising behind the ear
- Bleeding in the ear

## FACE

- Petechiae (*tiny red spots- slightly red or florid*)
- Scratch marks
- Facial drooping
- Swelling

## MOUTH

- Bruising
- Swollen tongue
- Swollen lips
- Cuts/abrasions
- Internal Petechiae

## CHEST

- Chest pain
- Redness
- Scratch marks
- Bruising
- Abrasions

## NECK

- Redness
- Scratch marks
- Finger nail impressions
- Bruising (*thumb or fingers*)
- Swelling
- Ligature Marks

## VOICE & THROAT CHANGES

- Raspy or hoarse voice
- Unable to speak
- Trouble swallowing
- Painful to swallow
- Clearing the throat
- Coughing
- Nausea
- Drooling
- Sore throat
- Stridor

## BREATHING CHANGES

- Difficulty breathing
- Respiratory distress
- Unable to breathe

**Source:** *Strangulation in Intimate Partner Violence*, Chapter 16, *Intimate Partner Violence*. Oxford University Press, Inc. 2009.



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Graphics by Yesenia Aceves